

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	East Coast Chemical Disposal, Inc.
II. INSTALLATION MAILING ADDRESS	P.O. Box 627, Spring House, PA 19477 PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	201 East Tenth Street Marcus Hook, PA 19061

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)						
S	P	A	0	9	8	0	7	0	6	1	T/A	C						
F												1						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	22

I. NAME OF INSTALLATION																																				
E	A	S	T		C	O	A	S	T		C	H	E	M	I	C	A	L		D	I	S	P	O	S	A	L		I	N	C					

II. INSTALLATION MAILING ADDRESS																										
STREET OR P.O. BOX																										
C	3	P	O	B	O	X	6	2	7																	
15	16																			45						
CITY OR TOWN																				ST.		ZIP CODE				
C	4	S	P	R	I	N	G	H	O	U	S	E									P	A	1	9	4	7
14	15																			10	11	12	13			

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
C 5	2 0 1 E A S T T E N T H S T R E E T
15 16	45
CITY OR TOWN	
C 6	M A R C U S H O O K
15 16	40 41 42 43 44 45
ST.	
P A	
1 9 0 6	
46 47 48 49 50	
ZIP CODE	
1 9 0 6 1	
51 52 53 54 55	

[illegible][illegible]

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input type="checkbox"/> A. GENERATION <small>57</small>	<input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <small>58</small>
		<input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE <small>59</small>	<input type="checkbox"/> D. UNDERGROUND INJECTION <small>60</small>

VII. MODE OF TRANSPORTATION (*transporters only – enter "X" in the appropriate box(es)*)

<input type="checkbox"/> A. AIR 61	<input type="checkbox"/> B. RAIL 62	<input checked="" type="checkbox"/> C. HIGHWAY 63	<input type="checkbox"/> D. WATER 64	<input type="checkbox"/> E. OTHER (specify): 65
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="10" style="text-align: center; padding: 2px;">C. INSTALLATION'S EPA I.D. NO.</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	C. INSTALLATION'S EPA I.D. NO.																			
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IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets, if necessary.

1 F 0 0 1 23 - 26	thru	2 F 0 1 8 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26		8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 0 2 23 - 26	thru	14 K 0 6 9 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26		20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26		26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 0 1 23 - 26	thru	32 P 1 2 2 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26		38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26		44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 U 0 0 1 23 - 26	thru	50 U 2 3 9 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

MILES B. POTTER, P.E.

DATE SIGNED

9/30/82

**INSTALLATION'S EPA I.D. NO.**

1. NAME OF INSTALLATION

East Coast Chemical Disposal, Inc.

II. INSTALLATION MAILING ADDRESS

P.O. Box 627, Spring House, PA 19477
PLEASE PLACE LABEL IN THIS SPACE

III LOCATION OF INSTALLATION

201 East Tenth Street
 Marcus Hook, PA 19061

FOR OFFICIAL USE ONLY

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER													APPROVED			DATE RECEIVED (yr., mo., & day)				
S	P	A	D	9	8	0	7	0	6	1	6	2	T/A	C						
F														1						
1	2											13	14	15	16			17	18	22

NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

[illegible]

CITY OR TOWN															ST.		ZIP CODE				
C	4	S	P	R	I	N	G	H	O	U	S	E			P	A	1	9	4	7	7
15	16														40	41	42	47		51	

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C
S
201 EAST TENTH STREET
J3 16 - J5

CITY OR TOWN																				ST.		ZIP CODE	
6	M	A	R	C	U	S		H	O	O	K						P	A	1	9	0	6	1
15	46															40	41	42	47	-	51		

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)[illegible]

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. GENERATION

☒ **B. TRANSPORTATION** (complete item VII)**X C. TREAT/STORE/DISPOSE**

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (*transporters only – enter “X” in the appropriate box(es)*)

☐ **A. AIR** ☐ **B. RAIL** ☒ **C. HIGHWAY** ☐ **D. WATER** ☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

[illegible]

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
S														T/A	C
W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 1 8				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 0 2	K 0 6 9				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 0 1	P 1 2 2				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
U 0 0 1	U 2 3 9				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
<i>Miles B Potter</i>	MILES B. POTTER, P.E.	9/30/82

East Coast Chemical Disposal, Inc.

1200 WEST BLANCKE STREET, LINDEN, NEW JERSEY 07036

(201) 862-1108

January 21, 1983

EPA
Region 3
Sixth and Walnut
Code 3AW32
Philadelphia, Pennsylvania 19106

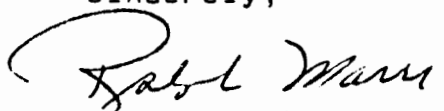
To whom it may concern:

I am one of the principals of East Coast Chemical Disposal, Inc.

I have spoken to Stanley Davis, Esq. and have discussed the functioning of East Coast Chemical Disposal, Inc. He is aware and knowledgeable of our type of operation and has no objections to our operating at Marcus Hook, Pennsylvania.

Hope this meets with your approval.

Sincerely,


Ralph Marri

RM/jc

igned from the front.

DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

N/A

EPA I.D. NO. (enter from page 1)

A D 9 8 0 7 0 6 1 6 2 ☐ T/A ☐ C 6

FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3 9 4 7 0 6

LONGITUDE (degrees, minutes, & seconds)

7 5 2 5 0 0 0

FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

East Coast Chemical Disposal, Inc.

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

201 East Tenth Street

4. CITY OR TOWN

G Marcus Hook

5. ST.

PA

6. ZIP CODE

1 9 0 6 1

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Ralph Marri

B. SIGNATURE

Ralph Marri

C. DATE SIGNED

LETTER OF TRANSMITTAL

TO

DATE	JOB NO.
9/30/82	3100-0001
ATTENTION	Gil Horwitz
RE:	East Coast Chemical Disposal 261 East Tenth Street Marcus Hook, PA 19061

Figure 1

[illegible]

—

[illegible]

COPY TO CCP

SIGNED: Wesley B. Potter

Municipal Environmental Associates, Inc.

Finore Building — Bethlehem Pike
P. O. Box 627
Spring House, Penna. 19477
215-628-2973

LETTER OF TRANSMITTAL

TO EPA Region III
6th + Walnut Streets
Philadelphia, PA 19106

DATE	8/23/82	JOB NO.	3100
ATTENTION	Gil Horwitz		
RE	Fast Coast Chemical Disposal		
	201 East Tenth Street		
	Marcus Hook, PA 19061		

GENTLEMEN:

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

IES	DATE	NO.	DESCRIPTION
✓	8/23/82		Permit Application - Part "A"

THESE ARE TRANSMITTED as checked below:

☒ For your use ☐ Furnish as submitted ☐ Revise and Resubmit

☐ As requested ☐ Furnish as corrected ☐ Submit specified item

☐ For review and comment ☐ Rejected ☐ Return _____ corrected prints

☐ _____

REMARKS Would appreciate ID No. ASP — Working on Transporter
Perm. T

COPY TO ECCTD

FORM 006

SIGNED: [Signature]

If enclosures are not as noted, kindly notify us at once.

MUNICIPAL ENVIRONMENTAL ASSOCIATES, INC.

CONSULTING ENGINEERS

FINORE BUILDING - BETHLEHEM PIKE • P. O. BOX 627 • SPRING HOUSE, PENNSYLVANIA 19477

PHONE 215 628-2973

MESSAGE**REPLY**

U.S. EPA

Gil Horwitz

6th + Walnut Sts. Phila, PA 19104

DATE

3/9/82

Gil,

Enclosed is amended Appendix 2,
 behind pp 4 - We will use one
 storage area totally for Reactive
 and Incompatible Wastes.

Please remove original Appendix 2
 and replace with the enclosed.

Sincerely,

BY

Myles B. Potter, P.E.

DATE

SIGNED



